

## HEART OF THE BAY

www.hayward-ca.gov

Application for Boards, Commissions, Committees and Task Force

- Applications are valid for one year from the date of receipt and are public record.
- This application and any supplemental forms are public documents and are available for review upon request.
- If you are a member of a City Commission or Committee, you are not eligible to serve concurrently on another Commission or Committee.
- Please notify the Office of the City Clerk at (510)583-4400 if you move or no longer wish to be considered for appointment.

| Are  | you | а | registered |
|------|-----|---|------------|
| vote | er? |   |            |

Yes

No

| Personal Information  |                                     |                |              |              |     |  |  |
|---|-------------------------------------|----------------|--------------|--------------|-----|--|--|
| Name  |                                     |                |              |              |     |  |  |
| Street Address  |                                     |                |              |              |     |  |  |
| City, State, Zip  |                                     |                |              |              |     |  |  |
| Resident of Incorporated Hayward:   | Yes                                 | No             |              |              |     |  |  |
| Length of Residency in Hayward:   |                                     |                |              |              |     |  |  |
| Email Address   |                                     |                |              |              |     |  |  |
| Home Phone  |                                     |                |              |              |     |  |  |
| Work Phone  |                                     |                |              |              |     |  |  |
| FAX   |                                     |                |              |              |     |  |  |
| Mobile  |                                     |                |              |              |     |  |  |
| Best Time To Call   |                                     |                |              |              |     |  |  |
| Demographics  |                                     |                |              |              |     |  |  |
| Age   | 18-25                               | 26-35          | 36-45        | 46-55        | 56+ |  |  |
| Gender  | Male                                | Female         |              |              |     |  |  |
| Ethnic/Self-Identification (Option Commissions should reflect to encouraged to apply. We wo | he diversity                        | of the Hayward | d Community. | Minority app |     |  |  |
|   | White                               |                |              |              |     |  |  |
| Hispanic/Latino   |                                     |                |              |              |     |  |  |
| Person with a Disability  |                                     |                |              |              |     |  |  |
|   | Black                               |                |              |              |     |  |  |
|   |                                     | fic Islander   | <del></del>  |              |     |  |  |
|   | Gay/Lesbian/Transgender/Transsexual |                |              |              |     |  |  |

American Indian Alaska Native

Other

| Employment/Community Activity History                         |
|---|
| Please list any significant experience for the last 10 years. |
| Organization Name:  |
| Organization's Address:                                       |
| Title:  |
| Volunteer or Employment:                                      |
| Time Period:  |
| Organization Name:  |
| Organization's Address:                                       |
| Title:  |
| Volunteer or Employment:                                      |
| Time Period:  |
| Organization Name:  |
| Organization's Address:                                       |
| Title:  |
| Volunteer or Employment:                                      |
| Time Period:  |

| Education/Training/Certification   |
|--|
| Name of School, College, University or Accredited Institution:   |
| Degree, Training, or Certification:  |
| Year Received:   |
| Name of School, College, University or Accredited Institution:  Degree, Training, or Certification:  Year Received |
| Name of School, College, University or Accredited Institution:   |
| Degree, Training, or Certification:  |
| Year Received  |
| Attach Resume  |
|  |

## Board, Commission or Committee Preferences

Yes

Are you now, or have you ever served on a Board, Commission or Committee for government or other agency?

No

If 'Yes', please give the name of the Board, Commission and/or Committee and dates served:

I am interested in serving on the following Boards, Commissions and/or Committees. Please rank the selections. 1 being the most desired and 7 being the least desired:

|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A |
|--|---|---|---|---|---|---|---|-----|
| Community Services Commission **   |   |   |   |   |   |   |   |     |
| Library Commission   |   |   |   |   |   |   |   |     |
| Personnel Commission   |   |   |   |   |   |   |   |     |
| Planning Commission **   |   |   |   |   |   |   |   |     |
| Council Economic Development Committee **  |   |   |   |   |   |   |   |     |
| Downtown Business Improvement Area<br>Advisory Board<br>(DBIA Supplemental Form) *** |   |   |   |   |   |   |   |     |
| Keep Hayward Clean and Green Task Force **   |   |   |   |   |   |   |   |     |

BOARDS, COMMISSIONS, COMMITTEES, AND TASK FORCE WEBSITE

For Keep Hayward Clean and Green Task Force, please check one below:

Residential Owner-Occupant

Landlord

Residential Tenant

**Business Owner** 

Commercial Property Owner

Board, Commission or Committee Preferences Continued

\*\* Members will be required to file a Statement of Economic Interests (Form 700) disclosing all reportable interests held at the time of appointment.

**Conflict of Interest:** State and local law require that you abstain from participation in decisions that may affect your financial interests including sources of income, interests in real property or investments. **FPPC Form 700** 

Please briefly explain why you would like to be appointed to each Board, Commission, or Committee checked above (500 character limit):

Please briefly describe why you feel qualified to become a member of the Board, Commission or Committee for which you are applying (500 character limit):

How did you find out about these opportunities? (500 character limit)

As a member of an advisory board, you are making a time commitment to attend the meetings. Please sign the statement below indicating you have the time to prepare for and attend meetings, and complete requirements.

I have sufficient time to devote to this responsibility and will attend the required meeting(s) if I am appointed to a Board, Commission, Committee, or Task Force. I am also aware that this application is a public document. If appointed, I will need to complete training requirements. If appointed to the Planning, Community Services Commission, Council Economic Development Committee, or Keep Hayward Clean and Green Task Force, I will file the necessary Fair Political Practices Commission Statement of Economic Interests (Form 700), which is a public record. A copy of this form is available in the Office of the City Clerk or by visiting <a href="https://www.fppc.ca.gov">www.fppc.ca.gov</a>.

Name

| Date Completed  |       |  |  |  |  |
|---|-------|--|--|--|--|
| I certify under penalty of perjury that the foregoing is true and correct.  |       |  |  |  |  |
| Please check the box  |       |  |  |  |  |
| *** DBIA Applicant: Please fill out the Supplemental Form   |       |  |  |  |  |
| Should you choose to print the application in order to submit in person, please return your completed application to the City Clerk's Office, City Hall, 777 B Street, Hayward, CA 94541-5007 PRINTABLE VERSION (PDF)  If you have any questions, please call the office of the City Clerk at 510.583.4400. |       |  |  |  |  |
| FOR OFFICE USE ONLY   |       |  |  |  |  |
| Applicant Signature:  | Date: |  |  |  |  |
| Office Signature:   | Date: |  |  |  |  |
|   |       |  |  |  |  |